

## **HEMI-SYNC® AND SUBTLE COMMUNICATION TO FACILITATE LABOR AND CHILDBIRTH**

*by Monty Renov, M.A.*

*Monty Renov is a psychologist practicing in Padova, Italy. A Professional Member of The Monroe Institute® since February of 1990, he received his undergraduate degree from Queens College and his MA degree at the Centra per Ricerche Biopsichiche in Padova. He is currently at work on PhD dissertations in both clinical psychology and psychocorporeal studies. In his 1993 Professional Seminar presentation, Monty shared the results of a two year project designed to explore Hemi-Sync's effectiveness in support of pregnancy and childbirth. Findings thus far indicate that hemispheric synchronization frequencies, positive affirmations, autogenic respiratory training, and selected music, working as a synergistic whole, tend to promote feelings of well-being, serenity, and self-confidence for the mother during pregnancy and birth. Benefits may also include a sense of communion with the unborn child, a decrease in labor and delivery time, and noticeable tranquility in the newborn.*

This project developed from conversations with a fellow psychologist and friend, Dr. Severina Zambon of Padova, Italy, concerning her primary field of involvement—preparation of women for the childbirth experience. The hospital ambulatory section with which she is affiliated offers pregnant women a preparatory course based on 1) evaluation of their comfort level with the impending role of motherhood, 2) Respiratory Autogenic Training to encourage self-knowledge, attunement to internal processes, mastery of possibly incapacitating anxiety states, and ability to approach the birth process in a relaxed, active manner, and 3) a good grounding in hygiene and nutrition.

Comfort level, the first component, was evaluated by the administration of a battery of psychological tests known as the Small Instrument. Time was also taken to consider the most frequently voiced anxieties and concerns of the women in the program. The issues foremost in their minds and hearts fell into the categories of concerns for self and concerns related to the unborn child. The former included feeling out of touch with inner processes and fear of experiencing them as a helpless victim; low self-esteem; apprehension while awaiting the birth and negative expectations (such as inability to bear the pain) around it; fear of inadequate preparation and tools for the event; distrust of their ability to maintain adequate presence-of-mind and consciousness; fear that child care might be boring; fear of feeling unattractive, unfeminine, and unwanted after the birth; and mistrust of their own ability to face life situations creatively and confidently. Issues directly related to the well-being of the child included the possibility of sabotaging the child's tranquility with their own nervousness and anxiety; the possibility of birth defects; general health concerns; and their ability to love the child adequately, gain its trust, and act as good mothers and guides.

Having identified the most prevalent negative attitudes, the task was then to find a method of stimulating corresponding positive expectations. I had already observed the ability of hemispheric synchronization to promote entrainment and deep relaxation, both of which are indispensable for the acquisition and internalization of new knowledge and self-perceptions. Recording and using subliminal tapes successfully to help clients deal with complaints as diverse as PMS, lack of self-esteem, overeating, difficulty in expressing emotions, and depression had encouraged a positive attitude toward this method of learning. Further, this seemed an opportune time to apply my own musical skills to create a composition conducive to entering a relaxed, altered state of consciousness. The result, titled *Sea of Light*, employed unexpected time shifts of a solo instrument counterpoised to a slow, steady, but inconspicuous background rhythm to provide the impetus for shifting to a dreamy, light trance state.

The appropriate positive affirmations were crafted to counterbalance each corresponding negative apprehension of the participants. These were recorded subliminally, together with triggering affirmations and the music, on Side One of the audiocassette. Side Two combined the music with sounds of a real brook interspersed with poetry and relaxing and reassuring images from nature. In the final production phase, a carefully selected layer of hemispheric synchronization frequencies was added to optimize relaxation and receptivity.

The finished product, *For a Joyous Labor and Delivery*, was administered as an adjunct to the Respiratory Autogenic Training. The women were to listen to the tape once daily, from the sixth month of pregnancy up until the day of delivery. Letters have since been received from quite a number of them relating the benefits they perceived. While listening to the tape, they almost imperceptibly found themselves re-entering a world remembered from childhood that had mysteriously vanished as they became adults. Their lives were enriched as they started to discover pleasurable sensations that had gone unnoticed—the smell of a flower, the sound of falling raindrops, inner aspects of their lives. Most participants found it easier to sleep after a week of listening; those who had suffered from insomnia were able to sleep well for the first time in years.

The subliminal modality bypasses the critical, objective capacity of the conscious mind. This capacity is essential to our ability to discern and test reality. However, it is frequently associated with a fear-based impulse to avoid pain and humiliation and becomes coupled with a tendency to reject new situations or possibilities out of hand. This tenacious defense of the status quo may effectively prevent significant life changes. By circumventing this defense system, new, positive paradigms may be presented to the subconscious and formulated to suggest that the desired state is already true and effortlessly available. The subconscious is thereby freed to begin to reconfigure experience according to the new paradigm. It becomes much easier to reframe experience positively and constructively.

We have obtained most gratifying results by employing this approach, with the invaluable addition of Hemi-Sync, to facilitate the birthing process. Obstetricians frequently commented on the calmness of both mothers and babies during the deliveries. Participating women who used the tape as instructed demonstrated a net reduction, beyond that associated with the effect of Respiratory Autogenic Training, with respect to the norm of labor and delivery time.

The components of the birth process are the prodromic (breaking of the water), dilational, and expulsive phases. Dr. Zambon worked with small groups of three or four women, all primipara (first-time) mothers, in her private office environment. *For a Joyous Labor and Delivery* was used in conjunction with Respiratory Autogenic Training. Taking all three phases into account, the average birthing time recorded was four hours and forty-five minutes. The population sample consisted entirely of Caucasian, Catholic women from the Italian province of Veneto. All prospective mothers took the Small Instrument (Luscher, P.A.R.I., T.C.F.S., MAS.) battery of diagnostic tests to identify problems regarding emotional expression, anxiety, sexual role, and attitudes toward their own parents and toward becoming a parent. Conflicts in these areas tended to diminish during gestation and reappear as delivery time approached. The Small Instrument was readministered after delivery.

For evaluation purposes, Professor Brigato, Head of Obstetrics and Gynecology at Padova's Civil Hospital was interviewed. He confirmed that, taking only the two final phases of dilation and expulsion into account, first-time mothers in the autogenic training course averaged a delivery time of five hours and fifty minutes. The hospital groups each consisted of twenty-five to thirty Italian women of Caucasian, Catholic background.

Professor Brigato also furnished additional information which is valuable for comparison. Treatise of Obstetrics by Professor Clivio, Vol. 1, published in 1945, states that primipara mothers averaged fifteen hours for all three phases of the process. The Manual of Clinical Obstetrical Gynecology by E. Maurizio, 1962, gives an average time of nine to twenty-two hours for the first two phases and one to four hours for the expulsive period. Clinical Obstetrical Gynecology by Candiani, 1992, omits the prodromic phase and gives an average of six to eight hours for the last two. In 1945 few Italian women worked outside the home; by 1962 many women worked outside the home but autogenic training was unavailable. In 1992, most Italian women are employed outside the home and birth prophylaxis courses incorporating autogenic principles are common.

Certainly, the reduction in time for the birth process itself and the subjective assessments of well-being and enhanced life quality are encouraging. This study will continue for another year to explore what can be learned from further observation. We would also be interested in employing this *synergistic* approach to facilitating birth and delivery in a population with different ethno-religious conditioning factors.

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